and December 2012, comparing it to results of their most recent TRUS prostate biopsy.
Results: n=142. Following RP, 47% of the Gleason scores had changed compared to the biopsy results. 22% were upgraded and 25% downgraded. After RP, 82 patients were found to have extracapsular spread. Of these 57% had the same Gleason score, whilst 21% were upgraded and 22% downgraded. There is no significant difference in these figures compared to those men without extracapsular spread. 110 patients were found to have perineural invasion on RP histology. Of these 54% had no change in their Gleason Score, whilst 22% were upgraded and 24% downgraded. Again, there is no significant difference in these figures in comparison to those men who did not have perineural invasion.
Conclusions: Gleason score is either up or downgraded in almost half of men who have RP. However, these changes are not associated with perineural or extracapsular invasion.

1381: BI-POLAR TRANSURETHRAL RESECTION OF PROSTATE (B-TURP) – A CLINICALLY EFFECTIVE AND SAFE TRAINING OPPORTUNITY FOR JUNIOR TRAINEES

Syed Ali Ehsanullah*, V. Modgil, R. Lord, R. Hossain, K.K. Prasad, I.G. Apakama. *George Eliot Hospital, West Midlands, UK.*
Introduction: Our study evaluates the safety and clinical effectiveness of B-TURP in the hands of junior specialist trainees.
Methods: Retrospective data analysis of 163 patients who had B-TURP in a UK hospital, over a two year period. 21 patients were excluded due to incomplete data. Data collection focused on grade of operating surgeon, post-operative change in haemoglobin (HB), sodium (Na), amount of prostate tissue resected (grams), and outcome of post-operative trial without catheter. Results were statistically analysed using Paired T test and Spearmen correlation.
Results: Mean age of patients included (n=142) in the study was 72 years. The majority (70.4%) of cases were performed by specialist urological trainees (ST3/4). An average of 25.2g prostate tissue was resected. Mean reduction in post-operative HB was 11.2g/L (p value = <0.001) and mean reduction in Na post-operatively was 3.9mmol/L (p value = <0.001). Most patients (70.4%) underwent successful trial without catheter (TWOC), and 83% of patients were discharged, one day post-operatively. Only n= 1 patient required re-admission within 30 days of procedure, following acute urinary retention.
Conclusions: B-TURP is a clinically safe and effective operation when performed by junior urological trainees under supervision. The post-operative risk of bleeding and TUR syndrome are also reduced.

Vascular/endovascular surgery

0006: A RETROSPECTIVE STUDY OF RISK FACTOR REDUCTION FOR THE DISCHARGED PERIPHERAL VASCULAR PATIENT BY AUDITING THE PRESCRIBING EFFICIENCY OF HOSPITAL DOCTORS

Lester Braganza*[,1], Mohammed Aslam[2], Vijay Bahal[3]. [1]*Norfolk and Norwich University Hospitals NHS Trust, Norwich, Norfolk, UK;* [2]*University Hospitals of Leicester NHS Trust, Leicester, Leicestershire, UK;* [3]*Northampton General Hospital NHS Trust, Northampton, Northamptonshire, UK.*
Introduction: To detect efficiency of prescribing services of hospital doctors regarding antiplatelet and statin therapy for vascular patients.
Methods: A completed audit cycle over 6 months split into a 2 month and 4 month assessment. Audit on detection of anti-platelet and statin therapy prescription for discharged peripheral vascular patients. This included sourcing patients from PAS, reading discharge summaries, contacting patients, analysing the data on Microsoft Excel and presentation of the data using Microsoft PowerPoint. Teaching session for doctors and pharmacists in the department.
Results: 54 and 102 patients were sampled in the two audits respectively. Antiplatelet therapy: 48 out of 54 and 87 out of 102 patients were prescribed antiplatelet therapy. Out of the 48, 43 were already on antiplatelets on admission. 5 new out of 11 resulted in a departmental efficiency in initiating new antiplatelet therapy of 45.45%. Out of the 87, 65 were already on antiplatelets. Initiating Efficiency: 59.46%. Statin therapy: 45 out of 54 and 78 out of 102 patients were prescribed statins. Out of the 45, 40 were already on statins. Initiating Efficiency: 35.71%. Out of the 102, 62 were already on statins. Initiating Efficiency: 40%.
Conclusions: An increase in prescription of antiplatelet and statin therapy in the re-audit after teaching sessions for doctors and pharmacists.

0043: GROIN COMPLICATIONS FOLLOWING FEMORAL ARTERY SURGERY. A RETROSPECTIVE AUDIT

N. Hamza*, B. Banerjee, K. Overbeck, A. Brown, P. Dunlop, S. Vetrivel. *Sunderland Royal Hospital, Sunderland, UK.*
Introduction: Groin complications are common following femoral artery surgery with increased morbidity and mortality. Our aim was to audit our complications rate and to analyse factors associated with their development.
Methods: 143 patients underwent 156 procedures over an 18-month period; Endovascular aneurysm repair (EVAR), femoral endarterectomy, femoral embolectomy, and bypass procedures. Case notes and electronic records were reviewed to analyse the complications rate.
Results: The procedures included: EVAR (n=78), femoral endarterectomy (n=43), femoral embolectomy (n=21), and bypass procedures (n=14). 39/156 procedures were complicated by groin complications: Lymphatic (n=27), haematoma (n=5), wound dehiscence (n=3), wound infection (n=2), catastrophic bleeding (n=1), and infected patch (n=1). 85% of the patients responded to the non-operative management of their complications, especially those with lymphoceles. The operative time of ≥4 hours was associated with a significantly higher chance of groin complications (44%) in comparison to operative time of less than 4 hours (15%), p=0.0002. Likewise, significantly fewer females than males developed complications (13%) vs. (29%), p=0.05.
Conclusions: 25% of the procedures were complicated by groin complications. The operative time of 4 hours or more and males were associated with a significantly higher chance of postoperative groin complications. Non-operative management is justified in the majority of the patients.

0076: CILOSTAZOL USE FOR SEVERE LOWER LIMB ISCHAEMIA IN PATIENTS UNSUITABLE FOR ENDOVASCULAR OR OPERATIVE INTERVENTION: A SINGLE CENTRE, PROSPECTIVE, OBSERVATIONAL STUDY

P.C. Bennett*, U. Mohammed, J. Bhamrah, S. Choksy, C. Backhouse, A. Howard. *Colchester Hospital University NHS Trust, Colchester, Essex, UK.*
Introduction: To investigate the impact of Cilostazol usage in Rutherford Category (RC) ≥3 peripheral arterial disease (PAD) in subjects unsuitable for endovascular or open surgical intervention.
Methods: Between 01/01/2010-31/12/2012 all subjects meeting the inclusion criteria were investigated. Subjects were commenced on Cilostazol for at least one month and encouraged to use a pedal exerciser. Their response to treatment was monitored prospectively.
Results: 40 Patients were included (Male 23(57.5%); female 17(42.5%)) with a mean age of 80(10) years. The prevalence of risk factors was: hypertension 69.2%, smoker 41% and diabetes 35.9%. All subjects took antiplatelets and statins. Cilostazol dosage was 100mg BD for 32 subjects; the remainder were on 50mg BD. The median treatment duration was 3[3-8] months. After treatment, RC improved for 18subjects and remained the same for 14. Wilcoxon paired sample test for improvement in RC was statistically significant (p=0.001). More people could walk>50m pain free (75 vs.42.1%, p<0.0001) and less people had ischaemic rest pain (7.9 vs.71.1%, p<0.0001) comparing post- and pre-treatment with Cilostazol.
Conclusions: Cilostazol has been found to improve ulcer healing, ischaemic rest pain, claudication distance and overall RC in PAD subjects unsuitable for endovascular or open intervention in this prospective observational study.

0114: THE INTERFACE BETWEEN PRIMARY AND SECONDARY HEALTHCARE IN THE MANAGEMENT OF INTERMITTENT CLAUDICATION

Yan Mei Goh*, Omar Ashour, Jasim Amin, John Reidy. *Inverclyde Royal Hospital, Greenock, UK.*
Introduction: To assess current service provision and reduce volume of inappropriate referrals for intermittent claudication (IC) from primary healthcare services. The SIGN guidelines have identified investigations to be carried out in primary care and criteria for referral of IC to secondary care.
Methods: New patients referred to vascular clinic with IC were identified prospectively over a total of 10 weeks of choice. Referral letters were reviewed looking at investigations already carried out in primary care and their reasons for referral.
Results: A total of 35 patients were referred for IC. 80% of patients had been examined for peripheral pulses. 8.6% of patients had been examined